



INTERNATIONAL FEDERATION OF PROFESSIONAL MANAGERS

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CHRP MEMBERSHIP APPLICATION

PERSONAL DATA

Honorific Last/Family Name/Surname First/Given Name Middle Name Suffix

Gender Male Female Prefer not to say Date of Birth (mm/dd/yyyy)

CONTACT INFORMATION

HOME MAILING ADDRESS

Home / Bldg. No., Bldg. Name / Street / Road / Subdivision Barangay City

Province Postal Code Landline Number: Mobile Number Personal E-mail Address

BUSINESS MAILING ADDRESS

Position Company Name

Unit / Bldg. No., Bldg. Name / Street / Road / Subdivision Barangay City

Province Postal Code Phone Number: Fax Number E-mail Address

EDUCATION & PROFESSIONAL INFORMATION

	SCHOOL	COURSE	YEAR
BACHELOR			
MASTERAL			
DOCTORAL			
OTHER			

FEES

Certification Package Php 7,500

via courier with additional fee of Php 300

TOTAL FEES **Php 7,800**

Preferred mailing address: Home Business

PAYMENT OPTIONS

- Direct deposit at any BDO branches:
Bank name: BDO Ortigas
Account name: Institute of Entrepreneurial Management, Inc.
Account No.: 343-020-7724
- Pay online via Paymongo (Visa & Mastercard)
- Payment at IFPM office

DATA PRIVACY

Upon signing this form you are agreeing that the personal data obtained from the registration form entered and stored within the Institute's authorized information and communications system and will only be accessed by the IFPM authorized personnel. Furthermore, the information collected and stored in this form shall only be used for the following purposes:

- Announcements / promotions of events, programs, courses and other activities offered / organized by the Institute and its partners;
- Activities pertaining to establishing relations with participants/members/alumni;
- IFPM Philippines has the right to share your information to our related affiliate companies, institutions, and or subsidiaries;
- IFPM Philippines shall not disclose the participants/members/alumni personal information without their consent and shall retain this information over a period of ten years for effective implementation, research analytics, and management.

ACCEPTANCE OF SUBSCRIPTION

I declare that all of the information contained in this application is true and correct and I agree to provide any supporting documentation requested by the Institute. If accepted, I agree to abide by the International Federation of Professional Managers' Code of Professional Conduct and Continuing Professional Education requirements. I understand that I must renew my subscription annually to enjoy the services provided by the Institute including eligibility privileges and retention of professional designation.

Signature _____

Date: _____

OFFICIAL USE ONLY:

INVOICE NO: _____ INVOICE DATE: _____

OR NO: _____ DATE PAID: _____

DCR NO: _____ VERIFIED: _____

APPLICATION RECEIVED ON: _____

- COMPLETED REQUIRED DOCUMENTS
- APPROVED
- NOT APPROVED

MEMBERSHIP NO: _____

REASON: _____